

CDBG \$'s REQUESTED: \$

Housing & Economic Development Department

925 Laney-Walker Boulevard Augusta, Georgia 30901 Telephone: (706) 821-1797

Year 2007 CDBG Application



APPLICANT (agency)	CONTACT PERSON
lame	Name
Title (if applicable)	
Address	Address (work)
Telephone no. PROJECT INFORMATION	Telephone no. (work)
PROJECT TITLE	
PROPOSED LOCATION (Address or specific d	escription - attach map)



TOTAL PROJECT COST:

	_	e for CDBG funding, a project must qualify as an eligible activity under the CDBG neck the category that applies to your project.			
[]	Community Facilities and Improvements Neighborhood centers, senior centers, recreational facilities, centers for the handicapped, public utility facilities, street improvements, storm sewers, flood and drainage facilities & solid waste disposal facilities.				
[]		lopment Acquisition and disposition, relocation assistance and debris removal.			
[]	Rehal	bilitation and Preservation bilitation of homes, public housing modernization, code enforcement, historic rvation, and removal of architectural barriers.			
[]	Economic Development Public facilities rehabilitation, commercial and industrial facilities development, commercial and industrial property improvements.				
[]		c Services oyment, crime prevention, child care, health drug abuse, education, recreation, etc.			
4.	PRO	JECT BENEFIT (National Objective)			
	ım. Fr	e for CDBG funding, a project must meet a national objective of the CDBG om the two categories below, check the one (only one) under which the project			
[]	1.	Benefit to low/moderate income persons (includes elderly, handicapped & homeless) (Check only one block.)			
		 □ On AREA basis? □ Provide SERVICES to low/moderate income persons. □ Provide HOUSING to low/moderate income persons. 			

PROJECT ELIGIBILITY (see instructions)

3.

[]

2.



☐ Provide **JOBS** to low/moderate income person.

Prevention or elimination of slums and blight

5. PROJECT DESCRIPTION (See instructions)

Describe specifically the purpose of the project, identifying the problems the project is intended to help solve. Include WHAT you will do, WHO you will serve, WHY the project is needed, WHERE you will do it, WHAT you will fund with CDBG funds and WHEN will the project start and be completed, hours of operation, etc. (NOTE: More information is requested later; this space is for a brief overview of your project.)

WHAT will you do?
Targeted Clientele?
WHY is this project needed?
WHERE will project/program operate?
HOURS & DAYS of operation?
WHEN will project/program start and end?
WHAT will federal funds be used for?



6. PROJECT BENEFICIARIES

Please identify the PRIMARY beneficiaries this project will serve. Information should relate only to activities supported by the *requested CDBG funding*. If serving special needs population group (e.g. elderly, disabled, HIV/AIDS, recovering substance abusers, mentally ill, etc.), then indicate the % of beneficiaries that have each particular special need. (Check the appropriate categories below.)

 Low and Moderate	income community	
Homeless:	[] Individuals	[] Families
Elderly:	[] Individuals	[] Families
Frail Elderly:	[] Individuals	[] Families
Youths in General		
At-risk children and	d youths	
Specify type of risk		
Severe Mentally IL		
Persons with disabi	lities	
Developmentally D	pisabled	
Persons with Alcoh	ol/other Drug Addictions	
Persons with HIV/A	ADS	
Victims of Domest	ic Violence	
 Veterans		
 Dually - diagnosed	Persons	



7. PERFORMANCE OUTCOME MEASURES

The U. S. Department of Housing and Urban Development (HUD) is instituting performance measures to gather information to determine the effectiveness of programs funded with CDBG, ESG, HOME and HOPWA. Information obtained on the local level will be reported to HUD which will enable HUD to describe performance results at the National Level. HUD's outcome performance measurement system has three objectives and three outcomes which are listed below.

A.	Select one o	f the following that best fits your project objective:
		Suitable living environment
		Decent affordable housing
		Creating economic opportunity
В.		st one of the following that describes the outcome your project will achieve: tcomes show how programs benefit a community or people served.)
		Availability/Accessibility (Applies to activities that make services, infrastructure, housing, shelter, or employment opportunities available or accessible to low income persons by improving or providing new services, etc.)
		Affordability (Applies to making an activity more affordable for low income persons.)
		Sustainability (Using resources in a targeted area to help make that area more viable or livable.)



8. ANTICIPATED PROJECT OUTCOMES

Complete the chart below to describe the most significant outcome(s) this project is expected to have on its participants for year 2007. Tell how many households or individuals will realize each outcome and how each outcome will be measured. Copy chart and attach to describe additional outcomes.

<u>Outcomes</u>: Outcomes are not the activities of the agency, but the benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include # of seniors remaining in their own homes, # of clients placed in permanent jobs with living wage; # of affordable housing units rehabbed or created. Include only major project outcomes supported by the requested City funds.

<u>Major Tasks</u>: Outline the major tasks/activities to be conducted by this project (e.g. day services for seniors; job training/placement; site preparation/construction/rehab; etc.).

Outputs: Quantifiable products of each of the major tasks described e.g. # of seniors participating in day programs; # clients trained/placed/ # sites prepared; # of housing units constructed/rehabilitated.

<u>Outcome Measurements</u>: How will you measure outcomes? What follow-up tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated?

Outcome #1 Describe how participants will benefit and how many are expected to realize this outcome.

Outcome Measurements: Describe evaluation to achievement of this outcome.	ools, methods and benchmarks to measure
Major Tasks Necessary to Realize Outcomes	Outputs Resulting from Tasks
	t and how many are expected to realize this outcome.
Outcome Measurements: Describe evaluation to achievement of this outcome.	ools, methods and benchmarks to measure
Major Tasks Necessary to Realize Outcomes	Outputs Resulting from Tasks
Major Taglia Nagasaawy ta Baalina Outaawaa	Outputs Possiting from Tooks



9. <u>IMPLEMENTATION SCHEDULE</u>

Provide general time line for program implementation and expenditure of funds requested from City.

JANUARY 2007	FEBRUARY 2007	MARCH 2007
A. Status of Activity(ies) this month:	A. Status of Activity(ies) this month:	A. Status of Activity(ies) this
		month:
B. Number of clients to be served this	B. Number of clients to be served	B. Number of clients to be served
month:	this month:	this month:
C. City Grant Funds Expected to be	C. City Grant Funds Expected to be	C. City Grant Funds Expected to
Expended this Month: \$	Expended this Month: \$	be Expended this Month:
		\$
APRIL 2007	MAY 2007	JUNE 2007
A. Status of Activity(ies) this month:	A. Status of Activity(ies) this month:	A. Status of Activity(ies) this
		month:
B. Number of clients to be served this	B. Number of clients to be served	B. Number of clients to be served
month:	this month:	this month:
	uns monur.	uns monui.
C. City Grant Funds Expected to be	C. City Grant Funds Expected to be	C. City Grant Funds Expected to
Expended this Month: \$	Expended this Month: \$	be Expended this Month: \$
JULY 2007	AUGUST 2007	SEPTEMBER 2007
A. Status of Activity(ies) this month:	A. Status of Activity(ies) this month:	A. Status of Activity(ies) this
		month:
B. Number of clients to be served this	B. Number of clients to be served	B. Number of clients to be served
month:	this month:	this month:
C. City Grant Funds Expected to be	C. City Grant Funds Expected to be	C. City Grant Funds Expected to
Expended this Month: \$	Expended this Month: \$	be Expended this Month: \$
OCTOBER 2007	NOVEMBER 2007	DECEMBER 2007
A. Status of Activity(ies) this month:	A. Status of Activity(ies) this month:	A. Status of Activity(ies) this
		month:
B. Number of clients to be served this	B. Number of clients to be served	B. Number of clients to be served
month:	this month:	this month:
	uns monu.	uno monui.
		
C. City Grant Funds Expected to be	C. City Grant Funds Expected to be	C. City Grant Funds Expected to
Expended this Month: \$	Expended this Month: \$	be Expended this Month: \$



10. PROJECT SITE

A.	<u>Site Control</u> : Indicate below the status of the project site and attach documentation of site control: (<i>lease agreement, purchase option or property deed</i>)
	Applicant owns property: Date acquired:
В.	 Zoning: If zoning is not known, contact the Planning Commission at 821-1796. Project structure type is: □ Residential □ Commercial □ Other: What is current zoning classification of project site?: Is site zoned correctly for the proposed activity?: □ Yes □ No If No, then provide an explanation of efforts and timetable to change zoning or obtain variance:
C. 11. <u>R</u>	Appraisal: If funding request is for property acquisition, has appraisal been done within the past 18 months? Yes: must attach copy of appraisal No. If appraised value not known, what is the source of acquisition cost estimate?
	oroject require temporary/permanent relocation or moving of occupants of a structure? o Yes o No project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).
A. B.	How many units are vacant? How long have these units been vacant? How many units are occupied? Requires: o Temporary and/or o Permanent Displacement?
C. D.	How many of the occupied units are: Owner-occupied?: Renter-occupied?: Businesses?: What is the projected total relocation cost? \$ Describe relocation plans, including timetable, notifications to seller and occupants?



12. ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES

all facilities and/or Federal regulations require that services assisted with CDBG/ESG/HOME/HOPWA funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

A.	For Physical Improvement/Development Projects: Will completed project meet ADA standards for accessibility by the disabled? o Yes o No
B.	For Service Programs (Direct Services): Is facility, in which program occurs in compliance with ADA accessibility standards? o Yes o No
C.	If you responded "No" in A or B above, describe accessibility problems and method to address problems, including funding and timetable:
13.	EMPLOYMENT AND CLIENT PARTICIPATION

A.	Non-Discrin	nination:	Do you	ı notify	the public	that you	do not	discrin	ninate t	based c)n
	race, color,	religion,	gender,	sexual	orientation	, national	origin,	age o	r disab	ilities	in
	hiring practi	ices or pro	ovision o	f service	es?						

o Yes, currently o Not currently o Willing to adopt practice

14. TYPE OF FUNDING REQUESTED

o Loan o Grant o Combination



15. PROPOSED PROJECT BUDGET

There are two budget sections: A: Budget For Physical Improvement/Development Projects Only, and B: Budget for Service Projects Only. Please fill out the appropriate budget(s). Do not combine two or more distinct programs in one budget: Provide separate budgets for each separate program.

A. Budget for Physical Improvement/Development Projects Only: Include all items associated with implementing the activities described in the project.

metade an items associated with implementing the activities described in the project.					
	Total Project Amount	CDBG Portion			
Line Item	(including CDBG)	Only			
Acquisition	\$	\$			
Demolition	\$	\$			
Relocation	\$	\$			
Architectural Services	\$	\$			
Lead-Based Paint Assessment/Abatement	\$	\$			
Insurance/Bonding	\$	\$			
Construction Management	\$	\$			
Construction	\$	\$			
Other (specify):	\$	\$			
	\$	\$			
	0	Φ.			
	\$	\$			
TOTAL	\$	\$			



B. Budget for Service Projects Only:

Include all items associated with implementing the specific activities described in the detailed project description, regardless of funding source. Include only the costs associated with the proposed activity.

	a.	b.	c.
Line Item	City \$ Requested	Project \$'s from	Total Project
	by this Proposal	Other Resources	Cost \$ (=a+b)
Staff Salaries	\$	\$	\$
Staff Fringe Benefits	\$	\$	\$
Rental/Lease (City will not pay 100%)	\$	\$	\$
Equipment Purchase (specify)	\$	\$	\$
Materials/Supplies (specify)	\$	\$	\$
Utilities (specify)	\$	\$	\$
Insurance/Bonding (City will not pay 100%)	\$	\$	\$
Audit (City will not pay 100%)	\$	\$	\$
Contractual Services (specify) (RFP must be issued)	\$	\$	\$
Scholarship Assistance (Indicate cost per person per session)	\$	\$	\$
Other: (specify)	\$	\$	\$
TOTAL	\$	\$	\$

C. If applicable, please indicate below the total number of staff positions (including titles) which are included under the "Salaries and Fringes" portion of the Proposed Project Budget. Also please show which positions or percentage of salary that would be reimbursed with CDBG funds.

Position	Amount of Salary	Percentage Reimbursed with CDBG Funds



16. **COMMITTED FUNDS**

Identify sources and amounts of committed funds for current program year for this project. If construction capital project, please identify funds committed in prior fiscal years. (*Documentation of committed funds must be submitted with application.*)

Source	Funding Amount	Budget Line Item Covered by Funds

17. PROPOSED REVENUE SOURCES

CDBG Funding Request	\$
Applicant's Contribution	\$
Other government contributions:	
Federal (Specify)	\$
State (Specify)	\$
Local (Specify)	\$
Private Contributions (Specify)	\$
	\$
TOTAL PROJECT REVENUES	\$



18.	RECEIPT OF PRIOR CDBG/ESG/R-UDAG MONIES				
A.	Has this project received a CDBG grant in the past? [] Yes [] No If yes, fill in below:				
	• Year(s) of award(s)				
	• Grant amount(s) \$ \$ \$				
19.	ORGANIZATION INFORMATION				
A.	Background – Include the length of time the agency has been in operation, date of incorporatio the purpose of the agency and type of corporation.				
	the purpose of the agency and type of corporation.				
В.	Describe all services and programs offered. If a license to operate your agency is necessary,				
Σ.	submit a copy of the license.				
C.	Describe the agency's existing staff positions and qualifications.				
D.	o you have a personnel policy manual with an affirmative action plan and grievance procedure?				
E.	Describe the agency's fiscal management including financial reporting, record keeping, accounting				
	systems, payment procedures and audit requirements.				
Г					
F.	Provide evidence of financial accountability such as a recent audit or annual accounting with				

NOTE: Audit Requirements – In accordance with the Office of Management and Budget Circulars A-133, A-128 and A-110, the Federal Government requires that non-profit organizations receiving \$500,000 or more in federal financial assistance in a fiscal year must secure an audit.

balance sheets.



20. CONFLICT OF INTEREST QUESTIONNAIRE

	Signature	Date
disclos	are approved for funding and have answered YES to ure notice must be issued and a 15-day public commens on of Year 2007 grant agreement or release of funds.	• •
D.	Will any employees, agents, consultants, officers or requesting funds have an interest in any contract, subco to funding this application, either for themselves or those business ties during the 2007 program year and one year	ntract or agreement with respect with whom they have family or
C.	Will any employees, agents, consultants, officers or requesting funds obtain a financial interest from this activ	<u> </u>
B.	Are any employees, agents, consultants, officers, or requesting funds in a position to gain inside information application?	<u> </u>
A.	Are any employees, agents, consultants, officers, or requesting funds in a position to participate in the decis of this application?	<u> </u>



21. ATTACHMENTS

A. Articles of Incorporation and Bylaws

Documents recognized by the State as formally establishing a private corporation, business or agency.

B. State & Federal Tax Exemption Determination Letters

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.

C. List of Board of Directors

A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

D. Board of Directors' authorization to request funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

E. Board of Directors' designated authorized official

Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

F. Organizational Chart

An organization chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of share responsibility.

- G. Resume of Chief Program Administrator
- H. Resume of Chief Fiscal Officer
- I. Most recent Audit/financial statement
- J. Copy of IRS Form 990 Return of Organization Exempt from Income Tax
- K. Statistical Report for last 12-month period.
- L. Conflict of Interest Questionnaire
- M. Documentation of Committed Funds (e.g. award letter, letter from lender, etc.)

Failure to comply with any of the above items may be reason to deny and return application.

